

COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2012 - JUNE 30, 2013
Deadline: July 12, 2013

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
2013 JUL 18 PM 4 38

THOMAS J. TOLZKA
CLERK OF BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: North Central Public Health Center

Division/Unit: HHSA

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. of Vol. 3 Hours 210 X \$ 22.14 = \$ 4649.40

Types of work performed by GENERAL VOLUNTEERS in this category:

- b. INSTITUTIONAL VOLUNTEERS (this section should include honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol. Hours X \$ 22.14 = \$

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
No. of Vol.	Total Hours		Total Value = \$		

Types of work performed by SPECIALIZED VOLUNTEERS in this category: _____

- d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	<u>3</u>	<u>210</u>	<u>4649.40</u>
2b.	_____	_____	_____
2c.	_____	_____	_____
Total Vol.	<u>3</u>	<u>210</u>	Total Value = \$ <u>4649.40</u>

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE = \$

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours	37	X	Rate	31.86	=	\$ 1178.82
-------	----	---	------	-------	---	------------

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours	2	X	Rate	72.03	=	\$ 144.06
-------	---	---	------	-------	---	-----------

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS=

\$

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 1322.88

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 4649.40
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$ 1322.88

TOTAL PROGRAM BENEFIT

\$ 3326.52

6. RECRUITING:

Please describe your recruiting programs:

Recruitment is solicited by professional contact and referrals.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

None.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2013-14:**
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue to provide volunteer opportunities to support health center needs.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Gerri Matthiesen, PHN Manager

Phone Number: 858 573-7340 Mail Stop: N-513

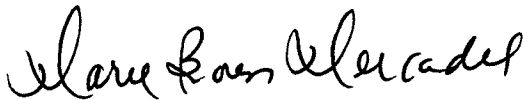
E-Mail: gerri.matthiesen@sdcounty.ca.gov

Volunteer Coordinator: Gerri Matthiesen, PHN Manager

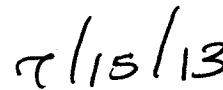
Phone Number: 858 573-7340 Mail Stop: N-513

E-Mail: gerri.matthiesen@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE



DATE